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**CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING**

**Date:** \_\_\_\_\_

**Individual**

|                     | <i>Husband</i> | <i>Wife</i>   |
|---------------------|----------------|---------------|
| Name                | _____          | _____         |
| Also known as       | _____          | _____         |
| Social Security no. | _____          | _____         |
| Birth date          | _____          | _____         |
| U.S. citizen        | ____ Y ____ N  | ____ Y ____ N |
| Living parents      | _____          | _____         |
| Former spouse       | _____          | _____         |
| Business address    | _____          | _____         |
| Telephone number    | _____          | _____         |
| Fax number          | _____          | _____         |
| E-mail address      | _____          | _____         |
| Home address        | _____          | _____         |
| County of residence | _____          | _____         |
| Date of marriage    | _____          | _____         |

**Children**

Living children (indicate children from prior marriages and adopted children)

| <i>Name</i> | <i>Birth date</i> | <i>Social Security no.</i> | <i>No. of children</i> |
|-------------|-------------------|----------------------------|------------------------|
| _____       | _____             | _____                      | _____                  |
| _____       | _____             | _____                      | _____                  |
| _____       | _____             | _____                      | _____                  |
| _____       | _____             | _____                      | _____                  |
| _____       | _____             | _____                      | _____                  |
| _____       | _____             | _____                      | _____                  |

Deceased children \_\_\_\_\_

Living children of deceased children \_\_\_\_\_

Note: If there are no living children or grandchildren, list the brothers and sisters (living and deceased) of the husband and the wife.

**Agents and brokers**

|                  |               |  |
|------------------|---------------|--|
| Safe-deposit box | ____ Y ____ N | Location _____<br>Who has<br>access: _____ |
| Accountant       | ____ Y ____ N | Name _____                                 |
| Insurance agent  | ____ Y ____ N | Name _____                                 |
| Stockbroker      | ____ Y ____ N | Name _____                                 |

**Real estate** (including land contracts)

Description (include owner: H—husband,  
W—wife, J—joint)

Mortgage  
balance

Market value

|       |          |          |
|-------|----------|----------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

**Cash** (checking, savings, CD, money market, credit union)

Location of account (include owner: H, W, J)

Amount

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

**Stocks and bonds** (if in a brokerage account, list firm name)

Listed securities (H) \_\_\_\_\_

Listed securities (W) \_\_\_\_\_

Listed securities (J) \_\_\_\_\_

Closely held (family) securities \_\_\_\_\_

**Business interests** (include closely held corporations, limited liability companies,  
general partnerships, limited partnerships, proprietorships, etc., in which you have an  
interest—include ownership (H, W, J))

\$ \_\_\_\_\_

**Life insurance** (include insured, insurance company, insurance  
type, owner, and beneficiary)

Face amount

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**Long-Term Care Insurance** (include insured, insurance company,  
and amount of benefit)

\_\_\_\_\_ \$ \_\_\_\_\_

**Retirement benefits** (list company)

\_\_\_\_\_

IRA (list location, type [Roth, non-Roth], beneficiary, and amount)

\_\_\_\_\_

\_\_\_\_\_

**Miscellaneous**

Household furnishings, autos, collections

\_\_\_\_\_

Money owed by others to you

\_\_\_\_\_

Miscellaneous (trusts, etc.)

\_\_\_\_\_

Expected inheritances

\_\_\_\_\_

List all gifts made by you over \$10,000 in value (date and beneficiary)

\_\_\_\_\_

Any gift tax return filed \_\_\_ Y \_\_\_ N Years filed \_\_\_\_\_

List significant debts or obligations other than mortgages listed above

\_\_\_\_\_